



U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FORM

**OA-9873**

## 1997 ECONOMIC CENSUS

### VIRGIN ISLANDS

OMB No. 0607-0839: Approval Expires 03/31/2000

**DUE DATE  
FEBRUARY 12, 1998**

If you have questions about completing this report, please write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Return your completed form to:

BUREAU OF THE CENSUS  
ATTENTION: OUTLYING AREAS  
1201 East Tenth Street  
Jeffersonville, IN 47134-0001

**OA-9873**

**For Spanish speaking respondents:**  
*Este es su cuestionario oficial del censo. Si desea un cuestionario en español, por favor, escribanos.*

*Please read the accompanying instructions before answering the questions. If records are not available, reasonable estimates are acceptable.*

(Please correct any errors in name, address, and ZIP Code.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

#### Item 1. PHYSICAL LOCATION

**a. What is the PHYSICAL location of this establishment if different from the mailing address?**

*If the location cannot be described by number and street name, give as much information as possible such as name of shopping center, street intersection, highway number, or distance from nearest town.*

**NOTE** – P.O. boxes or rural routes are not physical locations.

Number and street or location description

**b. On what island is this establishment physically located?**  
*Mark (X) only ONE box.*

- 112 1 ☐ St. John  
2 ☐ St. Croix  
3 ☐ St. Thomas

*Mark (X) the box which best describes the legal boundaries where the establishment is PHYSICALLY located.*

- 113 1 ☐ Christiansted  
2 ☐ Frederiksted  
3 ☐ Charlotte Amalie  
4 ☐ Outside of legal town boundaries

#### Item 2. EMPLOYER IDENTIFICATION NUMBER

**Is the Employer Identification Number (EIN) shown in the label the same as that used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Internal Revenue Service (IRS) Form 941-SS?**

094 1 ☐ YES

2 ☐ NO – Enter current EIN (9 digits) →

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#### Item 3. OPERATIONAL STATUS

Number of months

002

**a. How many months during 1997 did this firm or organization actively operate this establishment?**

**b. Which of the following best describes the operational status of this establishment at the end of 1997?**  
*Mark (X) only ONE box.*

001 1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation – Give date →

4 ☐ Sold or leased to another operator – Give date →  
*AND enter name, etc., below*

Month	Day	Year

Name of new owner or operator

Number and street

City or town

State

ZIP Code

#### Item 4. LEGAL FORM OF ORGANIZATION

**Which of the following best describes the legal form of organization of this establishment at the end of 1997?**  
*Mark (X) only ONE box.*

003 1 ☐ Individual proprietorship

2 ☐ Partnership

0 ☐ Corporation

5 ☐ Government – Specify

9 ☐ Other – Specify

**YOUR RESPONSE IS REQUIRED BY LAW.**

HOW TO REPORT DOLLAR FIGURES	Report dollar values rounded to thousands.	Mil- lions (000)	Thou- sands (000)	Dol- lars (000)
	EXAMPLE: Report \$1,125,628 as →	1	126	

### Item 5. DOLLAR VOLUME OF BUSINESS

What was the total dollar volume of merchandise sales and other operating receipts for this establishment in 1997?

Mil.	Thou.	Dol.
010		

### Item 6. PAYROLL IN 1997 BEFORE DEDUCTIONS

a. What was the total ANNUAL payroll, before deductions, for this establishment in 1997?

Mil.	Thou.	Dol.
030		

b. What was the FIRST QUARTER (January-March) payroll, before deductions?

Mil.	Thou.	Dol.
031		

### Item 7. EMPLOYMENT IN 1997

a. How many EMPLOYEES (full- and part-time) were on your payroll during the pay period which included March 12, 1997?

Number
032

b. How many PROPRIETORS and PARTNERS worked 15 or more hours during the week which included March 12, 1997?

Number
104

c. How many UNPAID FAMILY members worked 15 or more hours during the week which included March 12, 1997?

Number
105

### Item 8. KIND OF BUSINESS OR ACTIVITY

What was the PRINCIPAL kind of business for this establishment in 1997 (or activity by which this establishment is known to the trade or public)? Mark (X) only ONE box.

- 070
- Agricultural services or production ☐ 0100
- Mining ☐ 1000
- Construction
- General building contractor ☐ 1500
- Heavy construction - streets, bridges, sewers, etc. ☐ 1600
- Special trade contractor - painting, electrical work, plumbing, etc. ☐ 1700
- Manufacturing - Specify ☐ 2000

Travel agencies and other passenger transportation services

- Water transportation services ☐ 4499
- Travel agency ☐ 4724
- Tour operator ☐ 4725
- Other services in arranging passenger transportation ☐ 4729

Wholesale trade

- Durable goods ☐ 5000
- Nondurable goods ☐ 5100

Retail trade

- Hardware store ☐ 5251
- General merchandise store ☐ 5399
- Grocery store ☐ 5411
- Meat and fish market ☐ 5421
- Retail bakery ☐ 5461
- New and used car dealer ☐ 5511
- Auto and home supply store ☐ 5531
- Gasoline service station ☐ 5541
- Clothing store, men's and boys' ☐ 5611
- Women's clothing store ☐ 5621
- Family clothing store ☐ 5651
- Shoe store ☐ 5661
- Specialized apparel and accessory store - T-shirts, uniforms, bathing suits, etc. ☐ 5699
- Furniture store ☐ 5712
- Homefurnishing store - carpet, floor tile, drapery, etc. ☐ 5719
- Household appliance store ☐ 5722

### Item 8. KIND OF BUSINESS OR ACTIVITY (Continued)

070

- Radio, TV, and electronic store ☐ 5731
- Eating place--restaurant, cafeteria, etc. ☐ 5812
- Drinking place--tavern, bar, nightclub, etc. ☐ 5813
- Drug store (prescriptions filled) ☐ 5912
- Liquor store ☐ 5921
- Sporting goods store or bicycle shop ☐ 5941
- Book store ☐ 5942
- Stationery store ☐ 5943
- Jewelry store ☐ 5944
- Gift, novelty, and souvenir store ☐ 5947
- Luggage or leather goods store ☐ 5948
- Florist ☐ 5992
- Optical goods store ☐ 5995
- Other kind of retail business - Specify ☐ 5999

Finance, insurance, and real estate

- Subdivider and developer, except cemeteries ☐ 6552
- Other kind of finance, insurance, and real estate - Specify ☐ 6999

Hotels, motels, and guest houses

- Hotel with 15 or more guestrooms ☐ 7011
- Hotel with less than 15 guestrooms ☐ 7012
- Guest houses ☐ 7016
- Other kind of lodging activity - Specify ☐ 7099

Services

- Coin-operated laundries and drycleaning ☐ 7215
- Beauty shop ☐ 7231
- Barber shop ☐ 7241
- Advertising agency ☐ 7311
- Building maintenance services ☐ 7349
- Heavy construction equipment rental ☐ 7353
- Equipment rental and leasing - furniture, party supplies, etc. ☐ 7359
- Help supply services ☐ 7363
- Film developing services ☐ 7384
- Passenger car rental ☐ 7514
- Automotive paint and body shop ☐ 7532
- Automotive repair shop ☐ 7539
- Refrigeration and air conditioning service ☐ 7623
- Other electrical and electronic repair shop ☐ 7629
- Other repair services - Specify ☐ 7699

- Video tape rental ☐ 7841
- Amusement and recreation services - Specify ☐ 7999

- Medical doctor's office, including clinics ☐ 8011
- Dentist's office, including orthodontist ☐ 8021
- Legal services, including legal aid ☐ 8111
- Engineering services ☐ 8711
- Architectural services ☐ 8712
- Surveying services ☐ 8713
- Management services ☐ 8741
- Business consultant ☐ 8748
- Private household - (domestic help, e.g., cooks, etc.) ☐ 8811
- Other business or activity - Specify ☐ 8999

If not shown, please enter your 11-digit Census File Number from the address label on page 1		Census File Number																																																																
<b>HOW TO REPORT PERCENTS</b>	Report percentages as whole numbers EXAMPLE: Report 38.76% as $\longrightarrow$	Percent 39 %	<b>NOTE – Answer items 12 and 13 ONLY if the principal business or activity (item 8) for this establishment is HOTELS, MOTELS, AND OTHER LODGING PLACES. Otherwise skip to item 14.</b>																																																															
<b>Item 9. CLASS OF CUSTOMER</b> What was the estimated percentage of 1997 dollar volume of sales or receipts (item 5) to each customer class?		<b>Item 12. SOURCES OF RECEIPTS FOR HOTELS, MOTELS, AND OTHER LODGING PLACES</b> Receipts must be reported as percentages of total 1997 receipts (item 5). Exclude occupancy or other taxes collected from customers.																																																																
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(Do not include receipts from coin-operated machines maintained by others.)</td> <td></td> <td></td> </tr> <tr> <td>(1) Guestroom or unit rentals (If meals are included as a room package, estimate the percentage for meals on line a(2).)</td> <td style="text-align: center;">400 0010</td> <td style="text-align: center;">402 %</td> </tr> <tr> <td>(2) Sales of meals and nonalcoholic beverages</td> <td style="text-align: center;">0120</td> <td style="text-align: center;">%</td> </tr> <tr> <td>(3) Sales of alcoholic beverages for consumption on premises</td> <td style="text-align: center;">0130</td> <td style="text-align: center;">%</td> </tr> <tr> <td>(4) Sales of packaged liquor, wine, or beer</td> <td style="text-align: center;">0140</td> <td style="text-align: center;">%</td> </tr> <tr> <td>(5) Sales of other merchandise</td> <td style="text-align: center;">9800</td> <td style="text-align: center;">%</td> </tr> <tr> <td>(6) All other receipts from customers (Include ballrooms, convention halls, laundry, valet, and other services.)</td> <td style="text-align: center;">9980</td> <td style="text-align: center;">%</td> </tr> <tr> <td>(7) TOTAL (Sum of lines (1) through (6) should equal 100%)</td> <td style="text-align: center;">9990</td> <td style="text-align: center;">100 %</td> </tr> <tr> <td colspan="3">b. 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<b>Item 10. SOURCE OF SALES OR RECEIPTS</b> a. What was the estimated percentage of total 1997 sales or receipts (item 5) for products manufactured at this location? b. What were the principal lines of merchandise sold, types of construction work done, products produced, or services provided? Estimate the percentage each was of the sales or receipts in 1997 (item 5) (e.g., gasoline 85%, auto repairs 10%, oil 5%).		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Source</th> <th style="text-align: center;">Percent</th> </tr> </thead> <tbody> <tr><td></td><td style="text-align: center;">312 %</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr><td></td><td style="text-align: center;">%</td></tr> <tr> <td>TOTAL</td> <td style="text-align: center;">100 %</td> </tr> </tbody> </table>		Source	Percent		312 %		%		%		%		%		%		%		%		%		%	TOTAL	100 %																																							
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<b>Item 11. PURCHASES FROM OTHER BUSINESSES</b> What was the estimated percentage of the total dollar value of 1997 purchases for each of the listed items?		<b>Item 13. NUMBER AND TYPE OF ACCOMMODATIONS</b>																																																																
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<b>Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION</b>  <i>Answer this item only if your Census File Number (CFN), shown on the address label of this report form, begins with a zero. If the CFN does not begin with a zero, skip to item 16.</i>				<b>Item 14. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION (Continued)</b>  Did this company operate at more than one location during 1997?  <i>NOTE - Locations which are not staffed on a full-time basis by at least one employee covered by this EIN should NOT be considered separate. Include data for these locations with data reported for the main location.</i>  <input type="checkbox"/> YES - List additional locations below and provide the information requested. If more space is needed, continue in REMARKS (item 15).  <input type="checkbox"/> NO - Skip to item 16																																							
<b>a. Is this company owned or controlled by another company?</b>  097 1 <input type="checkbox"/> YES → 2 <input type="checkbox"/> NO		ENTER OWNING OR CONTROLLING COMPANY NAME, ADDRESS, AND ZIP CODE  Name _____  Address _____  _____  EIN (9 digits) → <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Name, address, town, and island</th> <th style="width: 5%;">1997</th> <th style="width: 10%;">Mil.</th> <th style="width: 10%;">Thou.</th> <th style="width: 5%;">Dol.</th> </tr> </thead> <tbody> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>1</b></td> <td></td> <td style="text-align: center;">Sales</td> <td style="text-align: center;">081</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Kind-of-business description</td> <td style="text-align: center;">Annual payroll</td> <td style="text-align: center;">082</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;"><b>2</b></td> <td></td> <td style="text-align: center;">Sales</td> <td style="text-align: center;">081</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;">Kind-of-business description</td> <td style="text-align: center;">Annual payroll</td> <td style="text-align: center;">082</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </tbody> </table>			Name, address, town, and island	1997	Mil.	Thou.	Dol.	<b>1</b>		Sales	081			Kind-of-business description	Annual payroll	082			<b>2</b>		Sales	081			Kind-of-business description	Annual payroll	082		
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<b>Item 15. REMARKS - Please use this space for any explanations that may be essential in understanding the reported data.</b>																																											
<b>Item 16. CERTIFICATION - This report is substantially accurate and has been prepared in accordance with the instructions.</b>																																											
Print name of person to contact regarding this report			Period covered by this report →		FROM: Month   Year      TO: Month   Year																																						
Telephone →	Area code	Number	Extension	Preparer's signature		Date																																					